

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Discuss the soldiers noncompliance with the Army Weight and Body Fat Standards IAW AR 600-9.
- Discuss possible courses of action and solutions.
- Inform the soldier of the possible adverse effects this could have on his/her career.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

On (Date)_____, you were weighed and taped IAW AR 600-9.

1. Your authorized screening weight IAW AR 600-9 is _____lbs.

Your current weight is _____lbs.

You are over your screening weight by _____lbs.

2. Your authorized Body Fat % IAW AR 600-9 is _____%.

Your current Body Fat % as determined by using the tape method is _____%.

You are over your allowable Body Fat % by _____%.

As a result of this weigh-in, I am recommending to the Commander that you be enrolled in the Army Weight Control Program. Should the Commander enroll you in the Weight Control Program, the following actions may be taken:

1. You will be flagged IAW AR 600-8-2 (suspends all favorable actions to include military and civilian schooling).
2. You will be required to see a doctor to determine if there are any medical conditions causing this condition. You will report to the Medical Clinic NLT tomorrow to initiate this medical screening. The memo provided will be returned to me upon completion of the medical screening.
3. You will be required to attend nutrition counseling. Your nutrition counseling appointment has been scheduled for _____, (location)_____.
4. You will be required to attend a monthly weigh-in as directed. Monthly weigh-ins will be conducted on _____, at (location)_____.
5. You will be required to maintain satisfactory progress. Satisfactory progress is defined as weight loss of 3-8 pounds per month.

***** SEE CONTINUATION COUNSELING FORM *****

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

***** PLAN OF ACTION ON CONTINUATION COUNSELING FORM *****

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

***** SIGNATURES ON CONTINUATION COUNSELING FORM *****

Signature of Individual _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

***** SIGNATURES ON CONTINUATION COUNSELING FORM *****

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

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PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

***** CONTINUATION OF WEIGHT CONTROL COUNSELING *****

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

6. You may not be removed from the program until you achieve your body fat %. The screening table weight will not be used to remove you from the program.
7. You will be enrolled in the Special Population PT Program.

In addition, if you fail to achieve satisfactory progress for any two (2) consecutive months, you may be processed for separation from the military. If after a period of 6 months, you have not made satisfactory progress, you may be separated from the military. If you meet the body fat % and are disenrolled from the program, the following statements will apply:

1. If you are enrolled in the program within 12 months from the date of your removal, you will be separated from the service.
2. If you are enrolled in the program after 12 months but within 36 months from the date of your removal, you will be given 90 days to meet the standard. If you fail to meet the standard after 90 days, you will be separated from the military.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

- Monitor soldiers progress on the program.
- Conduct assessment of this counseling once the soldier has made the prescribed appointments.
- Discuss possible courses of action with soldier.
- Soldier received and signed notification of possible separation for continued substandard performance IAW AR 635-200, para 1-18 (a).

Soldier gave the following reasons for poor performance during this weigh-in:

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

- Encourage the soldier to conduct PT after duty hours or during lunch to improve his/her physical conditioning.
- Offer the soldier the opportunity to do PT with me.
- Provide the soldier the opportunity to meet with the unit Master Fitness NCO and dietician.
- Ensure soldier makes required appointments.
- Conduct notification of possible separation.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.